BEFORE THE PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA TRANSPORTATION COVER SHEET DOCKET 2010 95 7 NUMBER: s is your first time filing an application with the PSC, you will not a Docket Number. The Commission will assign one to you. If you filed with the Commission before, a Docket Number was assigned should be entered above. The state of Docket Number was assigned through the content of the purpose of docketing and must sign of South Carolina for the purpose of docketing and must
PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA TRANSPORTATION COVER SHEET DOCKET 2010 95
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Request for Name Change on Certificate
Request for Name Change on Certificate
Request to Amend Scope of Authority
Request to Amend Tariff (rate increase, etc.)
Request to Amend Passenger Limit
Request
Exhibit
Late-Filed Exhibit
☐ Letter ♀
Proposed Order
Publisher's Affidavit
Reservation Letter Response
Return to Petition
Other:

Reset Form

Print Form

PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA 22347

101 Executive Center Drive, Suite 100 Columbia, South Carolina 29210

(Mailing address: Post Office Drawer 11649, Columbia, SC 29211)

Phone: (803) 896-5100

Fax: (803) 896-5199

Date: 2-5-2010

2010-95-T

APPLICATION FOR CERTIFICATE OF PUBLIC CONVENIENCE AND NECESSITY FOR OPERATION OF MOTOR VEHICLE CARRIER

	<u></u>
CLASS C - TAXI	
Application is hereby made for a Certific of S.C. Code Ann., § 58-23-10, et seq. (1	cate of Public Convenience and Necessity, in accordance with the provision 1976), and amendments thereto.
hatrina Harris I	
5081 County Liver	NU. SC 29410
843-202-5433 Phone Blessme and my Kid	Address of Applicant if different from street address Fax
Blessme and my Kid	S @ aol. com Email Address
2. If incorporated, a copy of Articles of Secretary of State "Foreign Corporation	Incorporation must be attached. (If incorporated outside of SC, attach SC on" Certificate.)
3. Select Entity Type: (Check one) Individual Owner/Sole Proprietor	rship
☐ Partnership - List names and add ☐ Corporation - List names and add	dress of all person having an interest in the business. dresses of two principal officers.

Applicant is financially able to furnish the services as specified in this application and submits the following statement of assets and liabilities.

BALANCE SHEET

Balance	at Time Appli	cation is Filed:
Month	_3	Year <u>2010</u>

Assets:

Cash	\$ 500.00
Receivables	0
Real Estate	0
Buildings and Equipment (Net)	0
Motor Vehicles (Net)	3500.00
Garage Equipment (Net)	0
Machinery and Tools (Net)	0
Supplies on Hand	100.00
Prepaids and Other Assets	0
Total Assets	4100.00
Liabilities and Equity:	
Accounts Payable	0
Notes Payable	
Mortgages Payable	0
Equipment Obligations	0
Accrued Salaries and Wages	0.
Other Accrued Obligations	0
Other Liabilities	2900, yearly
Total Liabilities	2900.00 yearly
	7. 1
Capital Stock	()
Retained Earnings	Ö
Total Equity	0
Total Liabilities and Equity	2900.00

PROPOSED RATES AND CHARGES FOR SERVICE

Maximum Proposed Rates and Charges for Service are as follows:

2.00 to get in 35 cents 1/5 Amile

Dorchester, Charleston, Berkley

Maximum Number of Passengers per Vehicle: 5 passengers

03/05/2010 10:58 0000000000

PAGE 01/01

INSURANCE QUOTE

This form MUST B	E COMPLETED AND SIGNED by 2011 AUTHORIZED INSURANCE COMPANY REPRESENTATIVE
	esurance quote is for:
	KATTINA HAMIS
5081	MATTINA HAVIS Name of Motor Carrier County Uni Ropo Raveal, Sc 29470 Address of Motor Carrier
	Address of Motor Carrier
Amount of Pres	
Liability Insuran	Limits # 100,000 CSL
The above quote	od premium is for a term of 12 months.
Minjurant Lin	nits - Intrastate Only:
	1-7 Passengers \$ 25,000/50,000/25,000
	8-15 Passengers \$ 25,600/100,000/25,000
Souther	n United Fire Insurance Conparx
	Name of Insurance Company
P.o.B	Name of Institute Company
	Home Office Address of Company
meets the minim	th the Commission's Rules and Regulations relating to insurance requirements and the above quote num insurance limits prescribed. The insurance company making this quote is authorized by the Department of Insurance to do business in South Carolina.
4/5/2	010
Date	Authorized Insurance Company Representative's Signature

The insurance quote must be complete, listing current insurance premiums. At the discretion of the Commission, a copy of current insurance policies may be required. Do not provide a copy of insurance policies unless requested.

therewith?
Yes

Exhibit FWA

	hat	ring Evel Harris
		Name of Applicant
1.	Are there currently any o	utstanding judgments against the Applicant?
	○ Yes	Q No
	If Yes, indicate nature of	f judgement(s) against applicant.
2.		n all statutes and regulations, including safety regulations and governing for-hire motor h South Carolina, and does Applicant agree to operate in compliance with these
		O No

3. Is Applicant aware of the Commission's insurance requirements and the insurance premium costs associated

O No

Exhibit on Driver Qualifications

ı.	Applicant understands that	all drivers must be a minimum of 18 years of age.
	Ø Yes	O No
2.	Applicant understands that and such record from the D be maintained in the Applic	a certified copy of the driver's three (3) year driving record issued by the SC DMV MV of the state in which the driver is or has been domiciled for such period must eant's business office.
) Yes	O No
3.	Applicant understands that must be maintained in the	a criminal history background check from the state where the driver currently lives applicant's business office.
	O Yes	O No
4.	Applicant understands that their possession when open state of residence of the dri	all drivers operating a vehicle under a Class C Taxi Certificate must have in ting a charter vehicle, a valid driver's license issued by the SC DMV or the current ver.
	10 Yes	○ No
5.	vehicles to drivers who are	all Class C Taxi Certificate holders are prohibited from employing or leasing registered, or required to be registered, as sex offenders with the South Carolina ision or any national registry of sex offenders.
	Yes	○ No

PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA POST OFFICE DRAWER 11649 COLUMBIA, SOUTH CAROLINA 29211

Applicant is familiar with the provision of S.C. Code Ann. §58-23-10, et seq.(1976), and amendments thereto, and R.103-100 through R.103-241 of the Commission's Rules and Regulations for Motor Carriers (Vol.26, S.C. Code Ann., 1976), and R.38-400 through 38-503 of the Department of Public Safety's Rules and Regulations for Motor Carriers (Vol.23A, S.C. Code Ann., 1976) and amendments thereto, and hereby promises compliance therewith.

STATE OF SOU COUNTY OF	TH CAROLINA)))	hatur	19 EHan		
			÷	Applicant's Si	gnature	
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I,	Name of Applicant	S Representative	 ,		WNEr	
of	MEM Tra	nsportation	1	1 2	ue	
<u> </u>			Applicant			—,
		of Public Convenier ed in the above app			e foregoing, swear or	
		_	Kal	rong Har	$ \mathcal{N} $	-
- "			Signati	ire of Applicant's	s Kepresentanve	

This 5th day of March, 2010

Noterry Public Frances JOHNSON

Commission Expires October 20, 2018